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THE MEDICAL ASPECT OF THE CORONER'S OFFICE.

The memorial recently presented to the Quebec Government by the Medico-Chirurgical Society of Montreal deserves careful consideration from the medical profession throughout Canada, as the state of affairs now complained of in Montreal probably exists to a greater or less extent in other parts of the Dominion. A recent amendment to the Quebec statute, which, with a view to economy, limits the coroner to the investigation of those cases where a sworn deposition of foul play, etc., has been made, can scarcely be said to improve matters. If the coroner is constantly made to feel that he is more likely to be blamed for holding an inquest, than for allowing a suspicious death to pass unchallenged because those in possession of the facts, (who may possibly know more than they care to admit) do not come forward with sworn evidence, the whole object of the coroner's court is defeated. That a Crown officer in the regular performance of his duty should have to choose between being censured by the Department for extravagance or criticised by the public for neglect of duty, is a state of affairs which can scarcely be said to conduce to that calm or judicial frame of mind which we have a right to look for in an officer charged with such responsible duties.

In Montreal, there is no complaint of too many inquests having been made, but a striking feature of the average coroner's inquest has been the totally inadequate nature of the medical evidence adduced. This is less the fault of individuals

than the natural result of a bad system. It is not every physician who can perform a medico-legal autopsy properly, and even a skilled pathologist could hardly feel himself competent to undertake a difficult case if he had not an extensive experience in medico-legal work. No one can predict which cases will be easy and which difficult, and the plan of allowing the coroners to select at random physicians who may or may not have any special fitness for the work is likely to defeat the ends of justice. The evil results of this off-hand selection of a physician are two-fold. First, coroner's autopsies are done by those who had better have left them alone; and, second, those who might with practice become experts do not get opportunities to acquire special skill.

The idea that by appointing a physician to the post of coroner he would be able to save the expense of autopsies in many cases is a fallacious one. A coroner cannot legally perform his own autopsies, and if he could, it would distract his attention from the judicial side of his duties. There is no more need of medical coroners than there is of medical judges or medical magistrates. The coroner has to decide, not on the *medical*, but on the *forensic* aspect of the medical evidence, and the plan of encouraging coroners to dabble in medical matters proper is most undesirable. That the coroner should be part doctor and part lawyer is impossible in practice, however fine it may seem in theory, as no one man could have a thorough grasp of the details of both medical and legal work. If he were a good lawyer he would probably be a poor physician, and *vice versa*. The recommendation made by the Medico-Chirurgical Society of Montreal seems to be the best way out of the difficulty in the case of large cities, and by ensuring that the medical work in coroners' inquests is carefully done in all cases, the duties of the coroner would be purely judicial.

The autopsy forms the most urgent part of a coroner's inquest, and should not be omitted in any case where there exist grounds for holding an inquest at all. The practice of endeavouring to induce physicians to make positive statements as to the cause of death when no autopsy has been performed is the cause of at

least three-fourths of those absurd and inconsistent deductions on this head which so often make the findings of coroners' juries the laughing-stock of the public. The practice of allowing juries to decide that an autopsy is unnecessary is most injudicious, as, later on, facts may come to light which give a new aspect to the case, and unless an autopsy is made a few hours after death the results obtained are usually unreliable and worthless. The Department should clearly understand that a jury is not in a position to decide that an autopsy is unnecessary, and it is far wiser to make ten autopsies which might be dispensed with than to omit one which should have been done.

By employing a specially qualified expert as coroner's physician, as recommended in the memorial of the Medico-Chirurgical Society, the Government would be adopting a practice which has now become universal in large cities in nearly all civilized countries, particularly in France, Germany and the United States, and one which has hitherto given most satisfactory results.

A matter which is worthy of mention in this connection is that our statutes regarding the holding of inquests give no instructions as to the technique of autopsies. In France and Germany the directions on this head are made so clear and explicit that without wilful negligence it is almost impossible for an intelligent physician to make a serious error in procedure or to omit any point of great importance.

We hope that while dealing with this question the Government will prepare a statute by which the duties of the physician in doing autopsies shall be explained with the same care and precision as in France and Germany. By having an authorized system of technique to guide them, the physicians called upon to perform autopsies would be in a position to do better work.

RESOLUTION REGARDING CORONER'S PHYSICIAN.

On Wednesday, the 8th inst., a deputation representing the Medico-Chirurgical Society of Montreal waited upon the Attorney-General of the Province of Quebec and presented

the following memorial on behalf of the members of the Society:—

“At the regular meeting of the Medico-Chirurgical Society of Montreal, held on Friday, May 27th, 1892—the President (Dr. Buller) in the chair, and forty members present—the question of appointing an expert for performing autopsies ordered by the coroner was discussed. The very inefficient and unsatisfactory manner in which, with a few memorable exceptions, such coroner's autopsies have been performed has been a subject of regret to all who desire to see this important work carried out in a satisfactory manner. It has been felt by members of the medical profession of Montreal that the ends of justice have been more than once defeated by the unsatisfactory way in which the work has been done. In most of the cities of the size of Montreal a thoroughly competent person with special training performs this work, and it is felt that the time has come when the city and district of Montreal should have the advantage of such special skill.”

The following resolution embodying these views was moved by Dr. T. G. Roddick, seconded by Dr. W. H. Hingston, and carried unanimously:—

“Whereas, the city of Montreal is without a properly qualified expert to perform autopsies for medico-legal purposes; and

“Whereas, the present system of allotting coroner's autopsies to the physician most readily accessible at the time is such that it is impossible for any one physician to acquire the experience necessary to become an expert; and

“Whereas, the system adopted in European and most American cities allotting all medico-legal autopsies to a specially qualified coroner's physician has proved highly satisfactory;

“Resolved,—That the Government of the Province of Quebec be, and hereby is, petitioned to appoint some capable physician thoroughly skilled in post-mortem work to act as coroner's physician for this city, and to perform all autopsies for medico-legal purposes within the city and district of Montreal.

“F. BULLER, President.

“KENNETH CAMERON, Secretary.”